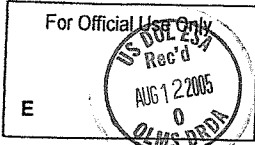


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>5714</u>	2. Fiscal Year Covered From: <u>01/01/2004</u> Through: <u>02/31/2004</u>
3. Name and address of person filing. Name <u>DONALD C. HOUSE</u> P.O. Box, Bldg., Room No., if any Street <u>8797 BURNETH DR</u> City <u>MILAN</u> State <u>MI</u> ZIP Code + 4 <u>48160</u>	4. Name, file number, and address of labor organization. Name <u>UNITED ASSOC. OF PLUMBERS AND PIPEFITTERS</u> Labor Organization File Number <u>000-111</u> P.O. Box, Building and Room Number, if any Street <u>901 MASSACHUSETTS AVE</u> City <u>WASHINGTON</u> State <u>DC</u> ZIP Code + 4 <u>20001</u>
5. Position in labor organization. <u>DIRECTOR OF HEATING, AIRCONDITIONING & REFRIGERATION</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed Donald C House

On 7-7-05
Date

734-434-8048
Telephone Number

Name of Person Filing

DONALD C. HOUSE

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name PIPING INDUSTRY PROGRESS & EDUCATION FUND

Trade Name, if any: PIPE

P.O. Box, Bldg., Room No., if any

Street 501 SHATTO PLACE STE 200

City LOS ANGELES

State CALIFORNIA ZIP Code + 4 90020

9. Business deals with:

☒ a. Labor Organization

b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

PIPE IS A LABOR-MANAGEMENT COOPERATIVE COMMITTEE FORMED TO IMPROVE COMMUNICATION BETWEEN LABOR & MANAGEMENT, TO STUDY & EXPLORE NEW AND INNOVATION JOINT APPROACHES TO PROBLEMS AND TO IMPROVE HEALTH & SAFETY IN THE PLUMBING & PIPEFITTING INDUSTRY

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

CHRISTMAS GIFT - SUN GLASSES

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

\$180

Name of Person Filing	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>NATIONAL INSPECTION TRSTING CORP</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <u>501 SHATO PLACE STR201</u></p> <p>City <u>LOS ANGELES</u></p> <p>State <u>CALIFORNIA</u> ZIP Code + 4 <u>90020</u></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>11.a. Nature of such dealing.</p> <p><u>NITC IS A THIRD PARTY PERSONNEL CERTIFICATION AGENCY, SPECIALIZING IN FIREFIGHTER, PIPEFITTER, PLUMBER & HVACR CERTIFICATION.</u></p> <p>11.b. Approximate dollar value of such dealing. _____</p> <p>12.a. Nature of interest held or income received.</p> <p><u>CHRISTMAS GIFT - SOD GLASSES</u></p> <p>12.b. Amount. _____</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p> <p>_____</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <p><u>\$45</u></p>